

Prepared by \_\_\_\_\_  
Date \_\_\_\_\_

YES NO Primary Examiner box complete.  
YES NO Issuing Classification complete.

**YES** NO Examiner's initials or cross-through lines supplied for each item cited by applicant.  
**YES** NO Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

YES	NO	Brief Description of Drawings includes description of each figure in drawings.
YES	NO	Continuing data is mentioned in 1 <sup>st</sup> paragraph. (Can be an insert.)

☒ YES NO Claims listed on Notice of Allowability match allowed claims and/or index of claims.  
☒ YES NO Claims correctly numbered in index.  
     (No duplicate or missing claim numbers.)  
     (No incorrect dependencies.)

YES NO If necessary (biological sequence listing).

☒ YES ☐ NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.